

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|  |                                    |   |   |
|--|------------------------------------|---|---|
| <b>1. Agency Name</b><br>County of Los Angeles   |                                    | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisor, First District |                                    |   |   |
| Designated Agency Contact (Name, Title)<br>Barbara Garcia, Ticket Administrator        |                                    |   |   |
| Area Code/Phone Number<br>213-974-4111   | E-mail<br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

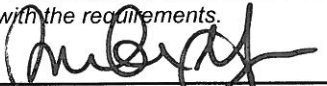
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| God's Pantry  | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                |                         |                    |
|---|----------------|-------------------------|--------------------|
|  | Barbara Garcia | Administrative Director | 5/23/2022          |
| Signature of Agency Head or Designee  | Print Name     | Title                   | (month, day, year) |

Comment: \_\_\_\_\_

Print

Clear

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| <b>1. Agency Name</b>                           |                          | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| County of Los Angeles                           |                          |   |   |
| Division, Department, or Region (if applicable) |                          |   |   |
| Board of Supervisor, First District             |                          |   |   |
| Designated Agency Contact (Name, Title)         |                          | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Barbara Garcia, Ticket Administrator            |                          |   |   |
| Area Code/Phone Number                          | E-mail                   |   |   |
| 213-974-4111                                    | bgarcia@bos.lacounty.gov |   |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Just Us 4 Youth   | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                |                         |                    |
|---|----------------|-------------------------|--------------------|
|  | Barbara Garcia | Administrative Director | 5/23/2022          |
| Signature of Agency Head or Designee  | Print Name     | Title                   | (month, day, year) |

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| Area Code/Phone Number<br>213-974-4111   | E-mail<br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

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Name of Source

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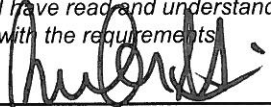
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Sunshine Park   | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                |                         |                    |
|---|----------------|-------------------------|--------------------|
|  | Barbara Garcia | Administrative Director | 5/23/2022          |
| Signature of Agency Head or Designee  | Print Name     | Title                   | (month, day, year) |

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| Area Code/Phone Number<br>213-974-4111   | E-mail<br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Rowland Heights Women's Club                                      | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

Comment: \_\_\_\_\_

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## 2. Function or Event Information

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Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Vietnamese Community of Pomona Valley                             | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

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|   |                |                         |                    |
|---|----------------|-------------------------|--------------------|
|  | Barbara Garcia | Administrative Director | 5/23/2022          |
| Signature of Agency Head or Designee  | Print Name     | Title                   | (month, day, year) |

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**2. Function or Event Information**

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Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Proyecto Del Barrio   | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                |                         |                    |
|---|----------------|-------------------------|--------------------|
|  | Barbara Garcia | Administrative Director | 5/23/2022          |
| Signature of Agency Head or Designee  | Print Name     | Title                   | (month, day, year) |

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Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Sowing Seeds for Life   | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

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 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

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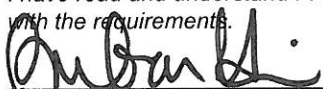
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| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
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| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Project Hope  | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

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 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
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Comment: \_\_\_\_\_

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|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
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| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Victory Outreach West Covina                                      | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                |                         |                    |
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Comment: \_\_\_\_\_

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| <b>Area Code/Phone Number</b><br>213-974-4111   | <b>E-mail</b><br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br><b>Date of Original Filing:</b> _____<br><small>(month, day, year)</small> |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Diamond Bar Evergreen Senior Club                                 | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

Comment: \_\_\_\_\_

Print

Clear

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |   |  |   |
|---|---|--|---|
| <b>1. Agency Name</b><br>County of Los Angeles  |   | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>Board of Supervisor, First District |   |  |   |
| <b>Designated Agency Contact</b> (Name, Title)<br>Barbara Garcia, Ticket Administrator        |   |  |   |
| <b>Area Code/Phone Number</b><br>213-974-4111   | <b>E-mail</b><br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

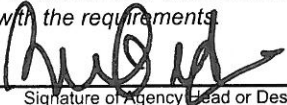
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Diamond Bar/Walnut AAUW   | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

Comment: \_\_\_\_\_

Print Clear

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |   |  |   |
|---|---|--|---|
| <b>1. Agency Name</b><br>County of Los Angeles  |   | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>Board of Supervisor, First District |   |  |   |
| <b>Designated Agency Contact</b> (Name, Title)<br>Barbara Garcia, Ticket Administrator        |   |  |   |
| <b>Area Code/Phone Number</b><br>213-974-4111   | <b>E-mail</b><br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

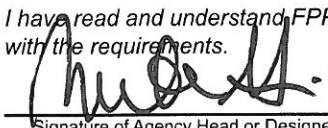
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Rowland Heights Chinese Association                               | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|   |                |                         |                    |
|---|----------------|-------------------------|--------------------|
|  | Barbara Garcia | Administrative Director | 5/23/2022          |
| Signature of Agency Head or Designee  | Print Name     | Title                   | (month, day, year) |

Comment: \_\_\_\_\_

**Print** **Clear**

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |   |  |   |
|---|---|--|---|
| <b>1. Agency Name</b><br>County of Los Angeles  |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>Board of Supervisor, First District |   |  |   |
| <b>Designated Agency Contact</b> (Name, Title)<br>Barbara Garcia, Ticket Administrator        |   |  |   |
| <b>Area Code/Phone Number</b><br>213-974-4111   | <b>E-mail</b><br>bgarcia@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2022 05 / 30 / 2022  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Covina YWCA   | 10                          | Per ticket policy 5.3 (i)  |
|   |                             |  |

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 5/23/2022
 (month, day, year)

Comment: \_\_\_\_\_

Print

Clear